## INTERRUPTION OF SERVICE FORM OUT OF GAS SERVICE FORM

OFFICE OF THE STATE FIRE MARSHAL 800 SW JACKSON, SUITE 104 TOPEKA KS 66612

PHONE: 785-296-3401 / FAX: 785-296-0151

DEALER: ADDRESS:				CUSTOMER: ADDRESS: PHONE:					
☐ COMPLETED WALK THROUGH VISUAL CHECK (Check one) ☐ Building ☐ Home ☐ Mobile Home ☐ Other				PHYSIC	PHYSICAL LOCATION:				
TANK:									
	Size Manufacturer			Serial Nur		nber	per Distance from Tank to Bldg.		
REGULATOR:									
	acturer		Model	#		Code Date		Lock-up Pressure	
1,750	1010101		17.2	II.		0000		Look of	
APPLIANCES:							1		
Type of Appliance									
Manufacturer									
Vented					_		<u> </u>		
Pilot Safety System									
Manual Shut-Off			<u> </u>						
Capped Openings	#		Locatio	ns:					
SYSTEMS LEAK CHECK PRESSURE CHECK									
Test Pressure: Time Held: Tank Pressure:					Test Pressure: Time Held: Tank Pressure:				
<b>DISCLAIMER:</b> This inspection covers LP-Gas (Propane) piping, fittings and equipment visible and accessible to Dealer's Representative and reflects the conditions existing on the date of the inspection. It does not cover latent or manufacturing defects, the internal workings of sealed equipment, structural components, or LP-Gas (Propane) products and cannot be construed to cover future defects or unforeseen happenings.									
I, (print name), hereby acknowledge that as the customer I am responsible for the system past the LP gas container service valve and throughout the building and that a pressure test and/or leak test has been performed and the system was found to be leak free.				Initial					
					l kn	now how to turn	off gas in	case of emergency	
					l ha	ave smelled prop	oane and	can detect its odor	
						ave received "Du			
X							•	inces above is complete	
CUSTOMER SIGNATURE DATE				COMMI	COMMENTS:				
I certify that a pressure and/o and the system was found to X  DEALER REPRESENTATIVE			o:						